



Louisville Metro Planning & Design Services

JERRY E. ABRAMSON
MAYOR

CHARLES C. CASH JR.
DIRECTOR

For staff use only

Pre-Application_____

Formal Application_____

Docket No. _____ Date: _____ Intake Staff: _____ Fees: _____

Submit application forms in person to PDS Customer Service

(PRE-APPLICATIONS COMPLETE PAGES 1 AND 2 ONLY)

This is an application for _____
(Type of Request(s))

on the property located at _____.

Existing Zoning District: _____ Proposed Zoning District: _____

Existing Use: _____ Proposed Use: _____

Existing Form District: _____ Proposed Form District: _____

Project Name/Description: _____

Project address: _____ Zip Code _____

Project tax block: _____ Lot No.(s): _____ Sub Lot No.(s): _____

The subject property contains _____ sq. ft., if over 43,560 sq. ft. contains _____ acres

Fire Protection District _____

Council District: _____ Council Member: _____

Louisville Metro Planning & Design Services
444 South Fifth St.
Louisville, KY 40202

502-574-6230

Fax 502-574-8129



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Has this property or any portion of this property ever been the subject of any proposal in zoning (including Pre-Applications), in this office before? Yes___ No___

If the property, or any portion thereof, has been the subject of a previous proposal in this office, please list the docket number. Examples include but are not limited to: Variances, Landmark Reviews, Appeals, Conditional Use Permits, Change in Zonings, Minor Plats, etc.

Docket Number_____ Case Manager_____
Docket Number_____ Case Manager_____
Docket Number_____ Case Manager_____

Plan Prepared by (Circle All That Apply)

Architect Engineer Land Surveyor Planner Self

Print Name _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

Attorney (if applicable):

Print Name _____

Company or Firm Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Fax _____ E-mail _____

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Contact Person:

Print Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

Applicant (if other than owner):

Print Name _____

Signature _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

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Name of Authorized Person:

Print Name _____

Title of Authorized person _____

Signature of Authorized person: _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

Company Name _____

Company Address _____

City _____ Zip _____ State _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

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BUSINESSES OPERATING IN THE COMMONWEALTH OF KENTUCKY MUST BE REGISTERED WITH THE COMMONWEALTH IN THE COUNTY SEAT (FRANKLIN COUNTY) AND IN ANY COUNTY IN WHICH THE BUSINESS WILL OPERATE.

COMMONWEALTH OF KENTUCKY SECRETARY OF STATE CERTIFICATE OF AUTHORITY

CORPORATE BOOK _____

CORPORATE PAGE _____

JEFFERSON COUNTY CLERK

CORPORATE BOOK _____

CORPORATE PAGE _____

The following is applicable to any property located within the incorporated area (s) of a 5th or 6th class city.

I _____ do hereby certify that I have contacted _____,
an official of the City of _____ and have made the above City official aware
of this request.

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CERTIFICATION STATEMENT

I hereby certify that _____ is the owner of the property located at _____ which is the subject of this application, and that I, _____, in my capacity as _____, am authorized to sign this application on behalf of the owner.

I understand that knowingly providing false information on this Application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010 et seq., knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his duty is punishable as a Class B misdemeanor.

Signature

Date

Printed Name and Title

Note: A Certification Statement must be submitted with any application form where the owner of the subject property is a corporation, limited liability company, partnership, association, trustee, etc., or if someone other than the owner (s) of record signs the application.

Note: Category 3 reviews are not subject to binding elements unless the site is included in a plan certain or another discretionary review.

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PLEASE NOTE: IF PROPERTY IS IN JOINT OWNERSHIP, ALL OWNERS OF RECORD MUST SIGN THE APPLICATION, FOR ADDITIONAL OWNERS, PLEASE USE AS MANY OF THESE FORMS (SHEET 5) AS NEEDED.

Owner(s) (Signature is required to file application)

Print Name _____

Signature _____

Address _____

City _____ Zip _____ State _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

Owner(s) (Signature is required to file application)

Print Name _____

Signature _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Fax (____) _____ E-mail _____

Any questions regarding this case should be directed to the Case Manager. Please refer to the Docket Number to access any information pertinent to this case.

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